06213 USA

PTO/SB/01 (03-01)
Approved for use through 10/31/2002, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) Declaration Declaration OR Submitted after Initial Submitted Filing (surcharge (37 CFR 1.16 (e)) with Initial

ļ.

First Named Inventor Carolina Sassano Slone, et al. **COMPLETE IF KNOWN** Application Number Filing Date Group Art Unit

Filing	(37 CFR 1.16 (e)) required)	Examiner Name	}						
As a below named inventor, I hereby declare that:									
My residence, mailing address, and citizenship are as stated below next to my name.									
I believe I am the original, first and names are listed below) of the sub	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
ALKYL GLYCIDYL ETHER-CAPPED DIAMINE FOAM CONTROLLING AGENTS									
	(Title of the	e Invention)							
the specification of which									
X is attached hereto									
OR		e in							
was filed on (MM/DD/YYYY)	ne nemenu	as United St	ates Application	Number or PCT Int	ternational				
Application Number	and was an	nended on (MM/DD/YY	YY)		(if applicable).				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop YES	y Attached? NO				
Additional foreign application	numbers are listed on a s	supplemental priority da	ta sheet PTO/SE	3/02B attached her	eto:				

[Page 1 of 2]

Burden Hour Statement. This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED. FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

	Customer Nur or Bar Code L				·	Correspondence address below		
Name		Air	23 Products ar	543 od Chemic	als Inc			
Address		-						
Address				1				
City				State		ZIP		
Country	**************************************	Telephone	9		**************************************	Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any]) Caroline Sassano Family Name or Surname								
Inventor's Caul Sama Stone 1/31/02 Signature Date						1/31/02 Date		
Residence: City Quakertown			State P/		USA Country	USA Citizenship		
1605 Sleepy Hollow Road Mailing Address								
Mailing Address								
Quakertown City	PA State	1		ZIP	18951	USA Country		
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor								
Given Name Keyin Rodney				Family Name or Surname Lassila				
Inventor's Kodney having Date 1/31/02						Date 1/31/02		
Residence: City Macungie F			P. State	4	USA Country	USA Citizenship		
7320 Periwinkle Drive Mailing Address								
Mailing Address								
City Macungie	PA State			ZIP	18062	USA Country		
Additional inventors are being named	on the s	upplemen	tal Addition	al Invent	or(s) sheet(s) PT(VSR/02A attached hereto		

Please type a	plus	sign (+)	inside	this	box	 +

PTO/SB/81 (02-01)

Approved for use through 10/31/2002, OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Caroline Sassano Slone, et al.
Title	Alkyl Glycidyl Ether-Capped Diamine
Group Art Unit	
Examiner Name	
Attorney Docket Number	06213 USA

Practitioners at Customer Number OR Practitioner(s) named below: Name Registration Number Name Name Registration Number Name Registration Number Name Registration Number Name Name Registration Number Name Name Registration Number Name N	I hereby appo	oint:					
Air Products and Chemicals, inc. Name		ners at C	Sustomer Numbe	er			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Signature William F. Marsh Signature Name Registration Number Abplication to: Place Customer Number Bar Code Label here Zip Zip State Zip Signature Name Registration Number Place Customer Number Bar Code Label here Place Customer Number Bar Code Label here Place Customer Number Bar Code Label here Address Address Address Address Address Address Address Address Signature Applicant/Inventor. Signature Fax 3.73(b) is enclosed. (Form PTO/SB/96).		ner(s) na	med below:				ls, Inc.
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number I Firm or Individual Name Address Address Address City Country Telephone I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William F. Marsh Signature Date 1 February 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						Registration Number	
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number I firm or Individual Name Address Address Address City Country Telephone I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96). SIGNATURE of Applicant or Assignee of Record Name William F. Marsh Signature Date 1 February 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		WATER CONTRACTOR OF THE PARTY O					1
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number I Firm or Individual Name Address Address Address City Country Telephone I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William F. Marsh Signature Date 1 February 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						· · · · · · · · · · · · · · · · · · ·	-
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number I Firm or Individual Name Address Address Address City Country Telephone I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William F. Marsh Signature Date 1 February 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							1
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address City State I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William F. Marsh Signature Date 1 February 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	as my/our attorr business in the	ney(s) or United S	agent(s) to pros	ecute the applic	ation identifie	d above, and to transact all	-
The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William F. Marsh Signature Date 1 February 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
Practitioners at Customer Number Practitioners at Customer Number Practicioner	The above				·		
OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96). SIGNATURE of Applicant or Assignee of Record Name William F. Marsh Signature Date 1 February 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		rs at Cus	tomer Number			Number Bar Code	
Address Address City Country Telephone I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William F. Marsh Signature Date 1 February 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						Label here	
Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William F. Marsh Signature Date 1 February 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		ame					<i>"</i>
City State Zip Country Telephone Fax I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William F. Marsh Signature Date 1 February 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address						
Telephone I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William F. Marsh Signature Date 1 February 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			-17-5-44		<u> </u>		<u> </u>
Telephone I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William F. Marsh Signature Date 1 February 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	:				State	Zip	
I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William F. Marsh Signature Date 1 February 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				, , , , , , , , , , , , , , , , , , , ,	Fax		
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William F. Marsh Signature Date 1 February 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	I am the:				-		
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William F. Marsh Signature Jhu Jhu L Date 1 February 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Applican	t/Invento	r.				
Name William F. Marsh Signature Date 1 February 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	X Assignee of record of the entire interest. See 37 CFR 3.71.						
Name William F. Marsh Signature Date 1 February 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
Signature Date 1 February 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Name	Willian					
Date 1 February 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		Willia The					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Date						
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
- The die of the same of the s							

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.